NRCS INSTRUCTIONS FOR COMPLETING THE SF 424

Applicants must review these instructions to ensure the following documents are completed correctly. This will reduce the likelihood that the form will need to be returned for correction and potentially delay execution of any resultant agreement.

SF-424, APPLICATION FOR FEDERAL ASSISTANCE

Item	Name	Instructions
1	Type of Submission	Select "Application" since this is first time your entity is applying for this funding opportunity.
2	Type of Application	Select "New" since this application is being submitted to an agency for the first time for this funding opportunity.
3	Date Received	Leave blank.
4	Applicant Identifier	Leave blank.
5a	Federal Entity Identifier	Leave blank.
5b	Federal Award Identifier	Leave blank.
6	Date Received by State	Leave blank.
7	State Application Identifier	Leave blank.
8a	Applicant Legal Name	Enter the legal name of applicant. This name must be consistent with the name as registered in the System for Award Management (SAM). If the name in SAM is not correct, update it.
8b	Applicant Employer/Taxpayer Identification Number (EIN/TIN)	Enter the EIN or TIN of applicant. This number must be consistent with the number in the applicant's SAM registration.
8c	Applicant Organizational DUNS	Enter the DUNS number of applicant. This number must be consistent with the number in the applicant's SAM registration. The DUNS number is a total of 13 digits. The first 9 are the basic DUNS number from SAM. The last four digits are reserved for a certain purpose and is usually "0000" for most applicants.
8d	Applicant Address	Enter the mailing address of applicant. This address must be consistent with the mailing address in the applicant's SAM registration.
8e	Applicant Organizational Unit	Not required.
8f	Applicant Contact Information	Provide the name and contact information of person to be contacted on matters involving this application. This does not necessarily need to be the person with authority to sign the application. It is just an administrative contact for NRCS program and grants management staff to contact regarding questions with the application.
9	Type of Applicant 1	Select the type of entity the applicant is. This type must be consistent with the entity type listed in the applicant's SAM registration.
10	Name of Federal Agency	Enter "USDA-Farm Service Agency
11	Catalog of Federal Domestic Assistance Number and Title	Enter the CFDA from the opportunity most applicable to your project.

12	Funding Opportunity Number and Title	Enter the number and title found on the first page of the opportunity
13	Competition Identification Number and Title	Leave blank.
14	Areas Affected by Project (Cities, Counties, States, etc.)	Leave blank.
15	Descriptive Title of Applicant's Project	Enter the title of the project as it is stated in the proposal. This title will be used in any resultant agreement.
16a	Congressional District of Applicant	Enter the Congressional district based on the physical address of the applicant as listed in the applicant's SAM registration. District numbers can be found at http://www.house.gov/representatives/find/.
16b	Congressional District(s) of Program/Project	Enter the Congressional district(s) for all districts affected by the program/project. Enter in the format: first 2 characters for state abbreviation and next 3 characters for the district number (e.g., "CA-005" for California 5th district, "NC-103" for North Carolina's 103 district). If all congressional districts in a state are affected, enter "all" for the district number (e.g., "MD-all" for all congressional districts in Maryland). If nationwide (i.e., all districts within all states are affected, enter "US-all"). Attach an additional list of program/project congressional districts, if needed. District numbers can be found at http://www.house.gov/representatives/find/.
17a	Proposed Project Start Date	Enter TBD
17b	Proposed Project End Date	Enter the estimated end date.
18a-g	Estimated Funding	Enter the amount of funding by organization including the Federal share, applicant share (if any), and any other sources of applicant funding, other than their own funds. *These values must be consistent with the values on the SF-424A, Budget Information, Sections A and C and the Budget Narrative.* a. Federal: enter the amount of Federal funds being requested. b. Applicant: enter cost share/match being provided by the applicant itself. This includes the value of any in-kind contributions. Do not include cost share/match being provided by commitments from the sources listed below. c. State: enter the amount of any cost share/match being provided by a State government entity. This includes the value of any in-kind contributions. d. Local: enter the amount of any cost share/match being provided by a Local government entity. This includes the value of any in-kind contributions. e. Other: enter the amount of any cost share/match being provided by a source other than those listed above. This includes the value of any in-kind contributions. f. Program Income: enter the amount of program income (if any) used for meeting cost share/match requirements (see 2 CFR 200.80 and 200.307). g. Total: enter the sum of all amounts. *This must equal the total proposed budget amounts above.*
19	Executive Order 12372	This is not required for the program covered under this opportunity. For additional information see Executive Order 12372, which can be found at https://www.archives.gov/federal-register/codification/executive-order/12372.html
20	Federal Debt Delinquency	Select the applicable response as to whether or not the applicant is delinquent on any Federal debt.

21	Certification and Signature	Check the "I Agree" box and provide the name and contact information for the person who is authorized by the applicant to submit the application on its behalf. The form will be electronically signed during the submission process on Grants.gov. This person should be different than the person in box 8f.